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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/574,264 Application Number Filing Date **REVOCATION OF POWER OF** ATTORNEY WITH Philip John First Named Inventor **NEW POWER OF ATTORNEY** AND N/A Art Unit CHANGE OF CORRESPONDENCE ADDRESS Not Yet Assigned Examiner Name 21107/0207506-US0 Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 07278 X Please change the correspondence address for the above-identified application to: The address associated with 07278 Customer Number: OR Firm or Individual Name Address City Zip State Country Email Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Telephone Date Sep 4, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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